MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

13275

1. PLACE OF DEATH
County: St. Louis
Registration District No. 791
Township:
Primary Registration District No. 1003
City: St. Louis (No. Bethesda Hosp. St. Ward)
File No.
Registered No. 3840

2. FULL NAME: Leonard S. White
(a) Residence. No. 511 N. Newstead 19 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Belle White.
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 28. 1865.
7. AGE: Years 63. Months 7. Days #. If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Shoe Inspector
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:
9. BIRTHPLACE (CITY OR TOWN): Worchester
(STATE OR COUNTRY): Mass
PARENTS
10. NAME OF FATHER: Wm. White
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Mass
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Unknown
14. INFORMANT: Mrs Belle White
(Address): 511 N. Newstead
15. FILED: MAR 30 1929 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mch, 28th, 1929.
17. I HEREBY CERTIFY, That I attended deceased from March 21 th, 1925, to March 28, 1925 that I last saw him alive on March 28, 1925, and that death occurred, on the date stated above, at 9:30 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia — Lobar
108 (duration) yrs. mos. 7 ds.
CONTRIBUTORY (SECONDARY) 1010 (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings
(Signed) F. D. Gorham, M.D.
, 19 (Address) 4500 Olive St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cemetery
DATE OF BURIAL: 3/30 1929
20. UNDERTAKER: C R Lupton
ADDRESS: 4449 Olive

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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Dr. Torham
Lister Bldg
2. P. M.